

<b>REPORT OF INVENTIONS AND SUBCONTRACTS</b> <i>(Pursuant to "Patent Rights" Contract Clause) (See Instructions on Reverse Side)</i>						Form Approved OMB NO. 0704-0297 Expires: June 30, 1992					
Public reporting burden is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and, completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (0704-0297), Washington, DC 20503.											
1a. NAME OF CONTRACTOR/SUBCONTRACTOR		c. CONTRACT NUMBER		2a. NAME OF GOVERNMENT PRIME CONTRACTOR		c. CONTRACT NUMBER		3. TYPE OF REPORT (X one) <input type="checkbox"/> a. INTERIM <input type="checkbox"/> b. FINAL			
b. ADDRESS (INCLUDE ZIP CODE)		d. AWARD DATE (YYMMDD)		b. ADDRESS (INCLUDE ZIP CODE)		d. AWARD DATE (YYMMDD)		4. REPORTING PERIOD (YYMMDD) a. FROM b. TO			
SECTION I - SUBJECT INVENTIONS											
5. "SUBJECT INVENTIONS" REQUIRED TO BE REPORTED BY CONTRACTOR/SUBCONTRACTOR (If "None", so state)											
a. NAME(S) OF INVENTOR(S) (LAST, FIRST, MI)		b. TITLE OF INVENTION(S)		c. DISCLOSURE NO. PATENT APPLICATION SERIAL NO. OR PATENT NO.		d. ELECTION TO FILE PATENT APPLICATIONS (1) UNITED STATES (2) FOREIGN (a) YES (b) NO (a) YES (b) NO		e. CONFIRMATORY INSTRUMENT OR ASSIGNMENT FORWARDED TO CONTRACTING OFFICER (1) YES (2) NO			
f. EMPLOYER OF INVENTOR(S) NOT EMPLOYED BY CONTRACTOR/SUBCONTRACTOR				g. ELECTED FOREIGN COUNTRIES IN WHICH A PATENT APPLICATION WILL BE FILED							
(1)(a) Name of Inventor (Last, First, MI)		(2)(a) Name of Inventor (Last, First, MI)		(1) Title of Invention		(2) Foreign Countries of Patent Application					
(b) Name of Employer		(b) Name of Employer									
(c) Address of Employer (Include ZIP Code)		(c) Address of Employer (Include ZIP Code)									
SECTION II - SUBCONTRACTS (Containing a "Patent Rights" clause)											
6. SUBCONTRACTS AWARDED BY CONTRACTOR/SUBCONTRACTOR (If "None", so state)											
a. NAME OF SUBCONTRACTOR(S)		b. ADDRESS (Include ZIP Code)		c. SUBCONTRACT NO.(S)		d. DFAR "PATENT RIGHTS" (1) CLAUSE NUMBER (2) DATE (YYMM)		e. DESCRIPTION OF WORK TO BE PERFORMED UNDER SUBCONTRACT(S)		f. SUBCONTRACT DATES (YYMMDD) (1) AWARD (2) ESTIMATED COMPLETION	
SECTION III - CERTIFICATION											
7. CERTIFICATION OF REPORT BY CONTRACTOR/SUBCONTRACTOR (Not required if <input type="checkbox"/> Small Business or <input type="checkbox"/> Non-Profit organization.) (X appropriate box)											
a. NAME OF AUTHORIZED CONTRACTOR/SUBCONTRACTOR OFFICIAL (Last,First, MI)				c. I certify that the reporting party has procedures for prompt identification and timely disclosure of "Subject Inventions," that such procedures have been followed and that all "Subject Inventions" have been reported.							
b. TITLE				D. SIGNATURE				E. DATE SIGNED			